FOR OHF USE

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0033159

Facility Name: CLINTON MANOR LIVING CENTER

Address: 111 EAST ILLINOIS (Number) NEW BADEN (City) 62265 (Zip Code)

County: CLINTON

Telephone Number: 618-588-4924 **Fax #** ( )

IDPA ID Number: 371224393001

Date of Initial License for Current Owners:

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: JAMES G. HULL **Telephone Number:** 217-228-1950

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/00 to 12/31/00 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title) JAMES G. HULL, V.P.
(Firm Name & Address) WDM COMPUTER SERVICES, 1900 HARRISON, QUINC
(Telephone) 217-228-1950 Fax # 217-222-6053

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	31	Intermediate (ICF)	31	11,346	3
4	50	Intermediate/DD	50	18,300	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	81	TOTALS	81	29,646	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	7,517	1,866		9,383	10
11	ICF/DD	16,642	120		16,762	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,159	1,986		26,145	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.19%

D. How many bed-hold days during this year were paid by Public Aid?
236 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 1/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/00 Fiscal Year: 12/31/00

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	129,968	6,918	9,634	146,520		146,520	(36)	146,484			1
2	Food Purchase		128,699		128,699		128,699	(2,605)	126,094			2
3	Housekeeping	67,502	10,885	816	79,203		79,203		79,203			3
4	Laundry	47,599	10,382	200	58,181		58,181		58,181			4
5	Heat and Other Utilities			61,755	61,755		61,755		61,755			5
6	Maintenance	39,240	10,923	39,804	89,967	130	90,097		90,097			6
7	Other (specify):*											7
8	**TOTAL General Services**	284,309	167,807	112,209	564,325	130	564,455	(2,641)	561,814			8
	B. Health Care and Programs											
9	Medical Director			4,800	4,800		4,800		4,800			9
10	Nursing and Medical Records	1,022,646	44,028	153,595	1,220,269		1,220,269	(4,238)	1,216,031			10
10a	Therapy	2,238		31,407	33,645		33,645		33,645			10a
11	Activities	24,753	13,899		38,652	9	38,661		38,661			11
12	Social Services	74,592		2,114	76,706		76,706		76,706			12
13	Nurse Aide Training											13
14	Program Transportation	18,457		3,451	21,908	(88)	21,820		21,820			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	1,142,686	57,927	195,367	1,395,980	(79)	1,395,901	(4,238)	1,391,663			16
	C. General Administration											
17	Administrative	50,025		13,000	63,025		63,025	(2,393)	60,632			17
18	Directors Fees			1,000	1,000		1,000		1,000			18
19	Professional Services			58,451	58,451	(694)	57,757	(25,127)	32,630			19
20	Dues, Fees, Subscriptions & Promotions			46,973	46,973		46,973	(17,759)	29,214			20
21	Clerical & General Office Expenses	68,084	8,665	15,957	92,706		92,706	12,884	105,590			21
22	Employee Benefits & Payroll Taxes			247,935	247,935		247,935	3,734	251,669			22
23	Inservice Training & Education			5,434	5,434	448	5,882		5,882			23
24	Travel and Seminar			6,141	6,141	(369)	5,772	17	5,789			24
25	Other Admin. Staff Transportation			6,902	6,902		6,902		6,902			25
26	Insurance-Prop.Liab.Malpractice			15,251	15,251		15,251	2	15,253			26
27	Other (specify):*											27
28	**TOTAL General Administration**	118,109	8,665	417,044	543,818	(615)	543,203	(28,642)	514,561			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,545,104	234,399	724,620	2,504,123	(564)	2,503,559	(35,521)	2,468,038			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number CLINTON MANOR LIVING CENTER #0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			81,955	81,955		81,955	(1,537)	80,418			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			115,916	115,916		115,916	(4,348)	111,568			32
33	Real Estate Taxes			19,021	19,021		19,021		19,021			33
34	Rent-Facility & Grounds							(12,000)	(12,000)			34
35	Rent-Equipment & Vehicles			3,038	3,038		3,038		3,038			35
36	Other (specify):*			6,109	6,109	564	6,673	(5,088)	1,585			36
37	**TOTAL Ownership**			226,039	226,039	564	226,603	(22,973)	203,630			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation			3,452	3,452		3,452		3,452			38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		12,921		12,921		12,921	(400)	12,521			41
42	Provider Participation Fee			44,470	44,470		44,470		44,470			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		12,921	47,922	60,843		60,843	(400)	60,443			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,545,104	247,320	998,581	2,791,005		2,791,005	(58,894)	2,732,111			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$ (4,238)	10	$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,605)	2		4
5	Telephone, TV & Radio in Resident Rooms	(2,511)	21		5
6	Rented Facility Space	(12,000)	34		6
7	Sale of Supplies to Non-Patients	(400)	41		7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(11)	30		9
10	Interest and Other Investment Income	(4,348)	32		10
11	Discounts, Allowances, Rebates & Refunds	(36)	1		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,384)	36		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(3,704)	36		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(17,524)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule SEE ATTATCHED	(1,850)	30		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (50,611)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(8,283)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (8,283)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (58,894)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39			X			39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS
CLINTON MANOR LIVING CENTER
ID# 00331S9
Report Period Beginning: 01/01/00
Ending: 12/31/00

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	NON-CARE DEPRECIATION	$ (1,526)	30	1
2	NON-CARE RELATED EXP.	(324)	20	2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
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31				31
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41				41
42				42
43				43
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67				67
68				68
69				69
70				70
71				71
72				72
73				73
74				74
75				75
76				76
77				77
78				78
79				79
80				80
81				81
82				82
83				83
84				84
85				85
86				86
87				87
88				88
89				89
90	**Total**	(1,850)		90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	(36)	0	0	0	0	0	0	0	0	0	0	(36)	1
2	Food Purchase	(2,605)	0	0	0	0	0	0	0	0	0	0	(2,605)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(2,641)	0	0	0	0	0	0	0	0	0	0	(2,641)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(4,238)	0	0	0	0	0	0	0	0	0	0	(4,238)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(4,238)	0	0	0	0	0	0	0	0	0	0	(4,238)	16
	C. General Administration													
17	Administrative	0	0	(2,980)	587	0	0	0	0	0	0	0	(2,393)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(25,787)	501	159	0	0	0	0	0	0	0	(25,127)	19
20	Fees, Subscriptions & Promotions	(17,848)	0	89	0	0	0	0	0	0	0	0	(17,759)	20
21	Clerical & General Office Expenses	(2,511)	0	1,555	13,840	0	0	0	0	0	0	0	12,884	21
22	Employee Benefits & Payroll Taxes	0	0	1,341	2,393	0	0	0	0	0	0	0	3,734	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	17	0	0	0	0	0	0	0	0	17	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	2	0	0	0	0	0	0	0	2	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(20,359)	(25,787)	523	16,981	0	0	0	0	0	0	0	(28,642)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(27,238)	(25,787)	523	16,981	0	0	0	0	0	0	0	(35,521)	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 **Report Period Beginning:** 01/01/00 **Ending:** 12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(1,537)	0	0	0	0	0	0	0	0	0	0	(1,537)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,348)	0	0	0	0	0	0	0	0	0	0	(4,348)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(12,000)	0	0	0	0	0	0	0	0	0	0	(12,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	(5,088)	0	0	0	0	0	0	0	0	0	0	(5,088)	36
37	**TOTAL Ownership**	(22,973)	0	0	0	0	0	0	0	0	0	0	(22,973)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(400)	0	0	0	0	0	0	0	0	0	0	(400)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(400)	0	0	0	0	0	0	0	0	0	0	(400)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(50,611)	(25,787)	523	16,981	0	0	0	0	0	0	0	(58,894)	45

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
MICHAEL BRAVE	25			BRAVE MGNT	NEW BADEN	MANAGEMENT
ANN REIS	25	CARLYLE HEALTHCARE CENTER	CARLYLE	DAR MANAGEMENT	QUINCY	MANAGEMENT
		ST. VINCENT'S HOME	QUINCY	WDM COMPUTER S.	QUINCY	ACCOUNTING
BLAIN RICHARD	25	ST. ANN'S HEALTHCARE	CHESTER	RDR MANAGEMENT	ALBERS	
MICHEAL & GAIL GREER	25	ST. ANN'S HEALTHCARE	CHESTER	GREER MANAGEME	TRENTON	
		O'FALLON HEALTHCARE	O'FALLON			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	MANAGEMENT	$ 13,000	BRAVE MANAGEMENT	0.00%	$ 13,000	$ 0	1
2	V	19	MANAGEMENT	13,000	DAR MANAGEMENT	0.00%		(13,000)	2
3	V	19	ACCOUNTING	12,787	WDM COMPUTER SERVICE, INC.	0.00%		(12,787)	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 38,787			$ 13,000	$ * (25,787)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		17	Management	$ 13,000	Greer Management	0.00%	$ 10,020	$ (2,980)	15
16	V		21	Clerical		Greer Management	0.00%	1,268	1,268	16
17	V		22	Payroll Taxes/Meals		Greer Management	0.00%	1,341	1,341	17
18	V		20	Dues & Subscriptions		Greer Management	0.00%	89	89	18
19	V		21	Office Exp.		Greer Management	0.00%	287	287	19
20	V		19	Legal/Professional		Greer Management	0.00%	501	501	20
21	V		24	Seminars		Greer Management	0.00%	17	17	21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 13,000			$ 13,523	$ * 523	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
	Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		17	Management.	$ 13,000	RDR Management	0.00%	$ 13,587	$ 587	15
16	V		21	Clerical		RDR Management	0.00%	13,587	13,587	16
17	V		19	Legal/Accounting		RDR Management	0.00%	159	159	17
18	V		26	Insruance		RDR Management	0.00%	2	2	18
19	V		21	Office Exp.		RDR Management	0.00%	253	253	19
20	V		22	Payroll Taxes		RDR Management	0.00%	2,393	2,393	20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 13,000			$ 29,981	$ * 16,981	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	MICHAEL GREER	VICE PRES.	ONWER	25.00	140,837	10	25.00	Mngt & Dir fe	$ 13,250	19-3,18-3	1
2	BLIAN RICHARD	PRESIDENT	OWNER	25.00	0	20	60.00	Dir fees	250	18-3	2
3	ANN REIS	n/a	OWNER	25.00	48,000	0	0.00	Mngt Fees	13,000	19-3	3
4	DAVE REIS	TREASURER	BOARD MEMBEI	0.00	0	4	10.00	Dir fees	250	18-3	4
5	MICHAEL BRAVE	ADMINISTRATOR	ADMINISTRATO	25.00	0	40	80.00	Mngt & Dir fees	13,250	19-3,18-3	5
6	MICHAEL BRAVE	ADMINISTRATOR	ADMINISTRATO	25.00	0	40	80.00	WAGES	50,025	17-1	6
7	ROGER RICHARD	n/a	MANAGEMENT	0.00	50,149	20	50.00	Mngt fess	13,000	19-3	7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 103,025		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: RDR Management
Street Address: 5617 Albers Rd
City / State / Zip Code: Albers, Il 62215
Phone Number: (618) 248-5642
Fax Number: (618) 248-5905

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Administrative	Management Fees	63,149	2	$ 66,000	$ 66,000	13,000	$ 13,587	1
2	21	Clerical	Management Fees	63,149	2	66,000	66,000	13,000	13,587	2
3	19	Accounting	Management Fees	63,149	2	680		13,000	140	3
4	26	Insurance	Management Fees	63,149	2	11		13,000	2	4
5	19	Legal	Management Fees	63,149	2	90		13,000	19	5
6	21	Office Exp.	Management Fees	63,149	2	566		13,000	117	6
7	21	Telephone	Management Fees	63,149	2	660		13,000	136	7
8	22	Payroll Taxes	Management Fees	63,149	2	11,622		13,000	2,393	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 145,629	$ 132,000		$ 29,981	25

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Greer Management
Street Address: 581 Countryside Lane
City / State / Zip Code: Trenton, IL 62293
Phone Number: (618) 224-7715
Fax Number: (618) 224-7716

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Administrative	Managemnet Fees	153,837	3	$ 118,573	$ 118,573	13,000	$ 10,020	1
2	21	Clerical Wages	Managemnet Fees	153,837	3	15,000	15,000	13,000	1,268	2
3	22	Payroll Taxes	Managemnet Fees	153,837	3	14,313		13,000	1,210	3
4	22	Meals	Managemnet Fees	153,837	3	1,547		13,000	131	4
5	20	Dues & Subcriptions	Managemnet Fees	153,837	3	1,053		13,000	89	5
6	21	Postage	Managemnet Fees	153,837	3	266		13,000	22	6
7	24	Seminars	Managemnet Fees	153,837	3	198		13,000	17	7
8	21	Office Supplies	Managemnet Fees	153,837	3	1,162		13,000	98	8
9	21	Telephone	Managemnet Fees	153,837	3	1,980		13,000	167	9
10	19	Legal	Managemnet Fees	153,837	3	3,185		13,000	269	10
11	19	Consultant Fees	Managemnet Fees	153,837	3	2,750		13,000	232	11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 160,027	$ 133,573		$ 13,523	25

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	UNION PLANTERS		X	MORTGAGE	$12,782.00	05/20/92	$ 1,300,000	$ 650,172	07/20/04	7.2500	$ 51,948	1
2	UNION PLANTERS		X	REFINANCE	$4,709.00	0516/97	480,760	413,048	07/20/04	7.2500	31,317	2
3	FIRST COUNTY BANK		X	AUTO LOAN	$788.00	06/26/99	33,250	21,753	06/26/03	6.5000	1,691	3
4	FIRST COUNTY BANK		X	AUTO LOAN	$444.00	05/10/97	18,100	2,592	06/10/01	7.9500	427	4
5												5
	Working Capital											
6	OWNERS	X		CASH FLOW		04/13/97	48,000	400,000	04/13/00	8.0000	30,533	6
7												7
8												8
9	TOTAL Facility Related				$18,723.00		$ 1,880,110	$ 1,487,565			$ 115,916	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,880,110	$ 1,487,565			$ 115,916	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	18,861	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	18,941	2
3. Under or (over) accrual (line 2 minus line 1).	$	80	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	18,941	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For 19 Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	19,021	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1995	14,415	8
	1996	14,976	9
	1997	18,888	10
	1998	18,861	11
	1999	18,861	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 21,794 B. General Construction Type: Exterior BRICK Frame WOOD,STEEL,CONC Number of Stories 1

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	NURSING HOME	26,669	1987	$ 66,000	1
2					2
3	TOTALS	26,669		$ 66,000	3

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	69		1987	1969	$ 594,000	$ 19,800	30	$ 19,800	$	$ 257,406	4
5	12		1991	1991	511,306	17,096	30	17,044	(52)	156,555	5
6											6
7											7
8											8
	Improvement Type**										
9	SPRINKLER			1990	3,140	158	20	157	(1)	1,602	9
10	LAND IMPROVEMENT			1992	5,410	550	10	541	(9)	4,616	10
11	BUILDING IMPROVEMENT			1992	37,505	2,147	20,10	2,131	(16)	17,627	11
12	BUILDING IMPROVEMENT			1992	26,098	1,312	20	1,305	(7)	10,465	12
13	CON			1992	3,000		30	100	100	900	13
14	BUILDING IMPROVEMENT			1994	12,580	973	20,10	963	(10)	6,652	14
15	PLUMBING			1995	12,200	613	20	610	(3)	3,463	15
16	LANDSCAPING			1997	1,675	168	10	168		600	16
17	BOILER			1997	8,858	1,119	8	1,107	(12)	4,016	17
18	REMODEL OF DINING ROOM			1997	35,389	1,769	20	1,769		5,456	18
19	HEETING/COOLING SYSTEM			1999	13,826	1,384	10	1,383	(1)	1,601	19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 1,264,987	$ 47,089		$ 47,078	$ (11)	$ 470,959	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 207,282	$ 28,103	$ 28,103	$	9	$ 120,105	37
38	Current Year Purchases	14,005	1,058	1,058		9	1,058	38
39	Fully Depreciated Assets	165,592				9	165,592	39
40								40
41	TOTALS	$ 386,879	$ 29,161	$ 29,161	$		$ 286,755	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	FACILITY	88 VAN W/LIFT	1992	$ 14,514	$	$	$	5	$ 14,514	42
43	FACILITY	96 VAN	1995	27,299				3	27,299	43
44	FACILITY	95 BUICK ROADSTER	1997	20,895	4,179	4,179		5	14,975	44
45	FACILITY	STATION WAGON	1993	8,401				3	8,401	45
46	TOTALS			$ 71,109	$ 4,179	$ 4,179	$		$ 65,189	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$	1,788,975	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$	80,429	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$	80,418	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$	(11)	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$	822,903	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	OFFICE BUILDING	$ 45,776	$ 1,526	$ 5,468	52
53					53
54					54
55					55
56					56
57	TOTALS	$ 45,776	$ 1,526	$ 5,468	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [X] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO

16. Rental Amount for movable equipment: $ 3,002 Description: COMPUTER LEASE
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care	10-3	visits		30	3,409		30	3,409	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)	10-3	hrs		308	12,098		308	12,098	10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Dematologist	10-3			1	130		1	130	13
14	TOTAL			$	339	$ 15,637	$	339	$ 15,637	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number CLINTON MANOR LIVING CENTER **#** 0033159 **Report Period Beginning:** 01/01/00 **Ending:** 12/31/00

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/00 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 16,659	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	443,533		3
4	Supply Inventory (priced at FIFO)	17,145		4
5	Short-Term Investments			5
6	Prepaid Insurance	11,800		6
7	Other Prepaid Expenses	3,285		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 492,422	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	55,025		12
13	Land	116,387		13
14	Buildings, at Historical Cost	1,837,058		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	616,870		16
17	Accumulated Depreciation (book methods)	(1,009,927)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): C-I-P	11,390		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,626,803	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,119,225	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 68,491	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	152,785		30
31	Accrued Taxes Payable (excluding real estate taxes)	6,112		31
32	Accrued Real Estate Taxes(Sch.IX-B)	29,325		32
33	Accrued Interest Payable	9,733		33
34	Deferred Compensation	4,592		34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 271,038	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	450,095		39
40	Mortgage Payable	1,387,435		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,837,530	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,108,568	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 10,657	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,119,225	$	48

***(See instructions.)**

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (46,962)	1
2	Restatements (describe):		2
3	PRIOR YEAR ADJ.	4,030	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (42,932)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	86,950	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) PARTNERSHIP LOSSES		15
16	Other (describe) CONSILIDATED CILA INCOME/(LOSS)	(33,361)	16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 53,589	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 10,657	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,758,566	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,758,566	3
	B. Ancillary Revenue		
4	Day Care	4,238	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 4,238	8
	C. Other Operating Revenue		
9	Payments for Education	13,940	9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	994	11
12	Gift and Coffee Shop	13,552	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,605	14
15	Telephone, Television and Radio	2,510	15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients	400	18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 34,001	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	4,348	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 4,348	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	INCOME FROM VEHICLE USE	27,056	28
28a	SEE ATTATCHED	49,746	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 76,802	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,877,955	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	564,325	31
32	Health Care	1,392,529	32
33	General Administration	543,817	33
	B. Capital Expense		
34	Ownership	226,040	34
	C. Ancillary Expense		
35	Special Cost Centers	19,824	35
36	Provider Participation Fee	44,470	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,791,005	40
41	**Income before Income Taxes (line 30 minus line 40)****	86,950	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 86,950	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? YES If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,935	2,126	$ 40,060	$ 18.84	1
2	Assistant Director of Nursing	894	918	17,280	18.82	2
3	Registered Nurses	3,575	3,711	62,363	16.80	3
4	Licensed Practical Nurses	12,559	13,260	181,008	13.65	4
5	Nurse Aides & Orderlies	16,043	16,795	156,038	9.29	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	45	45	2,237	49.71	7
8	Rehab/Therapy Aides					8
9	Activity Director	2,554	2,648	22,579	8.53	9
10	Activity Assistants	265	265	2,174	8.20	10
11	Social Service Workers	4,466	5,012	74,593	14.88	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,917	2,141	24,041	11.23	14
15	Cook Helpers/Assistants	9,412	10,033	73,954	7.37	15
16	Dishwashers	5,576	5,833	31,973	5.48	16
17	Maintenance Workers	3,015	3,297	39,240	11.90	17
18	Housekeepers	9,215	9,489	67,502	7.11	18
19	Laundry	6,354	6,621	47,599	7.19	19
20	Administrator	1,920	2,088	50,025	23.96	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,946	6,378	68,084	10.67	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	5,800	6,495	71,216	10.96	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	57,654	57,830	494,681	8.55	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) DRIVER	2,107	2,251	18,457	8.20	33
34	TOTAL (lines 1 - 33)	151,252	157,236	$ 1,545,104 *	$ 9.83	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	115	$ 4,924	1-3	35
36	Medical Director	36	4,800	9-3	36
37	Medical Records Consultant	12	630	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	various	940	10-3	39
40	Physical Therapy Consultant	1,370	24,638	10a-3	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	149	7,276	10a-3	43
44	Activity Consultant				44
45	Social Service Consultant	39	1,774	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,720	$ 44,982		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,559	$ 56,828	10-3	50
51	Licensed Practical Nurses	1,407	36,892	10-3	51
52	Nurse Aides	2,520	43,196	10-3	52
53	TOTAL (lines 50 - 52)	5,486	$ 136,916		53

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
MICHAEL BRAVE	ADMINISTRATOR	25	$ 50,025
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 50,025

B. Administrative - Other

Description	Amount
BRAVE MANAGEMENT	$ 13,000
TOTAL (agree to Schedule V, line 17, col. 3)	$ 13,000
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
RDR MANAGEMENT	MANAGEMENT	$ 13,000
GREER MANAGEMENT	MANAGEMENT	13,000
DAR MANAGEMENT	MANAGEMENT	13,000
WDM COMPUTER SERVICE, INC	ACCOUNTING	9,993
HERMAN BODEWES	LEGAL	6,516
HOME PHARMACY	DATA PROCESSING	2,100
DAWN WEAVER	DATA PROCESSING	148
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 57,757

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 47,983
Unemployment Compensation Insurance	13,735
FICA Taxes	119,842
Employee Health Insurance	66,375
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$ 247,935

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
N/A		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	20,016
Health Care Worker Background Check	996
(Indicate # of checks performed 83)	
SUBSCRIPTIONS	2,551
IARF	4,622
ACHCA	255
HCFA	150
FEES	534
PUBLIC RELATIONS	17,524
Less: Public Relations Expense	(17,524)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 29,124

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
SEE ATTATCHED	5,772
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 5,772

**See instructions.

Facility Name & ID Number CLINTON MANOR LIVING CENTER # 0033159 Report Period Beginning: 01/01/00 Ending: 12/31/00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number CLINTON MANOR LIVING CENTER **#** 0033159 **Report Period Beginning:** 01/01/00 **Ending:** 12/31/00

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **NO**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **IARF, $4622**

(3) Did the nursing home make political contributions or payments to a political action organization? **NO** If YES, have these costs been properly adjusted out of the cost report? _____

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **9.2**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ _____ Line _____

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease. _____

(9) Are you presently operating under a sublease agreement? _____ YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

_____

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **44,470**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **YES** Indicate the amount. $ **2,605**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **YES** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **27,056**
c. What percent of all travel expense relates to transportation of nurses and patients? **50**
d. Have vehicle usage logs been maintained? **YES**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **YES**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $ _____

(17) Has an audit been performed by an independent certified public accounting firm? _____
Firm Name: **NO** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? _____ If no, please explain. _____

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **YES**
Attach invoices and a summary of services for all architect and appraisal fees.

Clinton Manor Living Center, Inc.
01/01/00 thru 12/31/00
0033159

The following is a breakdown of Schedule V Line 6 Column 3

Repairs & Maint. Dietary	$912.00
Repairs & Maint. Laundry	$1,790.00
Repairs & Maint. Housekeeping	$0.00
Repairs & Maint. Equipment	$7,163.00
Repairs & Maint. Ground	$1,200.00
Repairs & Maint. Building	$10,055.00
Repairs & Maint. Wheelchairs	$416.00
Repairs & Maint. Outside services	$18,398.00
	$39,934.00

The following is a breakdown of Schedule V Line 21 Column 3

Printing	$1,296.00
Postage	$3,011.00
Copier	$3,499.00
Telephone	$8,151.00
	$15,957.00

The following is a breakdown of Schedule V Line 36 Column 3

Sales Tax	$1,384.00
Fines	$564.00
Bank & servive fees	$3,140.00
Misc Exp.	$1,585.00
	$6,673.00

Clinton Manor Living Center, Inc.
01/01/00 thru 12/31/00
0033159

The following is a breakdown of Schedule V Line 23 Column 3

Professional Therapy - PT Training	$225.00	
Mary Peek - ICF Nursing In-service	$75.00	
New Baden IGA - Food for CHT training	$22.80	
Viking Office - CHT training supplies	$80.50	
Cash - Safety committee meeting (lunch)	$29.00	
The Council on Quality - Training booklets	$326.00	
Hart Foods - Supervisor training luncheon	$16.26	
Good Ole Days - Safety committee meeting (lunch)	$21.00	
Office Max - CHT/DSP training supplies	$126.32	
Community Resources - consultation/training on mission plani	$425.00	
Cash - supervisory training luncheon	$126.79	
Channing Bete - Instructional booklets	$91.64	
Lavdal Medical - CPR training supplies	$69.00	
Office Max - CHT/DSP training supplies	$147.85	
Oakstone Wellness - Nursing training pamphlets	$34.75	
Spirit - Housekeeping/laundry training fee	$55.00	
AMA - Supervisory training	$338.00	
Heaton Publications - MDS 2.0 user guide	$68.65	
Holly Szopinski - MDS training manual	$16.00	
Joseph Mua - IDPA training	$71.13	*
Cathy Stewart - CPR training books	$49.14	
Washington County Health - CPR Cards	$40.00	
Kelly Linch - Supervisor training luncheon	$5.40	
Corporate Training - Food service sanitation course	$90.00	
Corporate Training - Food service sanitation course	$40.00	
Washington County Health - CPR Cards	$20.00	
Darla Loomis - Med Administration training	$55.80	*
Corporate Training - Food service sanitation course	$90.00	
Crisis Prevention - Workbook	$339.90	
Loman Education - accurate employement records registraion f	$74.00	
Heaton Publications - Policy & procedure CD	$513.65	
Medical Education - Fee for MDS & Care Plan Training	$178.00	
New Baden IGA - Food for CHT training	$46.79	
George May International - Management Survey	$500.00	*
Cash - Garnishment training	$91.73	*
Medical Compliance - Training video	$89.95	
New Baden IGA - Food for staff training meeting	$40.71	
Dollar General - Safety Committee supplies	$39.65	
Washington County Health - CPR Cards	$40.00	
G-Nied - FMLA instructional supplies	$86.87	
Sam's Club - CHT/DSP training supplies	$10.66	
Cherry Hill Book Store - DD training supplies	$72.85	
JJ Keller - Food service safety supplies	$280.51	
MBS Textbook - MBS training book	$112.85	
Outcome Services - Activity training fee	$58.50	
Katrina Essenpreis - Dietary Class	$370.00	
SIU - Dietary Class	$40.00	
Jim Lopresto - IARF luncheon meetings	$31.97	
Jim Lopresto - QMRP training sessions	$107.97	
	$5,882.59	

Clinton Manor Living Center, Inc.
01/01/00 thru 12/31/00
0033159

Schedule V, Line 24 Column 3

Date	Seminar	Location	Who Attended	Regist.	Mileage	Meals	Hotel	Supplies	Total
3/29	MDS 2.0 Basics	Mt. Venon, IL	Holly Szopinski Nancy Tepe	$120.00	$15.90			$16.00	$151.90
4/18	Personnel Law	Belleville, IL	Joan Varel	$179.00	$18.00	$10.55			$207.55
4/27	Nursing-Dietary Connection	Mt. Vernon, IL	Margie Holtgrave	$150.00	$18.00				$168.00
5/8	LTCNA Resources for Success	Bloomington, IL	Hollly Szopinski Nancy Tepe	$428.00	$183.10	$24.13	$127.69	$62.26	$825.18
5/9	Il Healthcare Conference	Bloomington, IL	Cheryl Smith	$140.00	$94.20				$234.20
5/15	Basic Supervision	St. Louis, MO	Kelly Koontz Scott Rostance		$24.30	$5.75			$30.05
5/17	HCFA Midwest Conference	St. Louis, MO	Gayle Fisher Amy Rostance	$210.00	$32.80	$41.80			$284.60
6/7	Il Nursing Home Conference	Bloomington, IL	Michael Brave	$140.00	$101.40	$13.00	$63.13		$317.53
6/12	IAMR Annual Conference	Wheaton, IL	Michael Brave		$215.40		$109.30		$324.70
6/15	Abuse & Neglect	Mt. Vernon, IL	Cheryl Smith Darla Loomis Joan Varel	$290.00	$57.00				$347.00
6/22	SOM Fraud & Abuse Implications	Mt. Vernon, IL	Cheryl Smith Michael Brave	$230.00	$28.50				$258.50
9/26	TD Training Conference	Marion, IL	Cheryl Smith Hooly Szopinski		$99.00	$6.93			$105.93
10/5	Employee Management	Mt. Vernon, IL	Joan Varel Sharon Pfeiffer	$70.00	$60.00				$130.00
10/14	CILA Recording	Mt. Vernon, IL	Joan Varel Kathy Markus		$38.00	$25.88			$63.88
10/25	IAAMR Conference	Collinsville, IL	Michael Brave Jim Lopresto Holly Szoponski Joseph Mua Jim Haney Michelle Hughes April Sitton Rita Hicks Helen Brown Frank Smith Michael Eskew Robert Nolan Kelly Koontz Kim Smith Theresa Albers Dee Toennies Bernadette Pippins Richard Corbin	$906.00					$906.00
10/27	National AAMR Conference	Collinsville, IL	Michael Brave			$45.98	$289.48		$335.46
12/7	Risk Identification	Tinley Park, IL	Stacey Mayes Holly Szopinski Margie Holtgrave	$300.00	$109.70	$164.10	$258.00		$831.80
1/26	Restorative Dining	Springfield, IL	Margie Holtgrave Darla Loomis	$250.00					$250.00
									$5,772.28

Clinton Manor Living Center, Inc.
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Classifications

Amount	From	To	Description
$15.90	14-3	24-3	Seminar Mileage
$16.00	23-3	24-3	Book from seminar
$18.00	23-3	24-3	Seminar Mileage
$10.55	23-3	24-3	Seminar food
$18.00	14-3	24-3	Seminar Mileage
$57.00	23-3	24-3	Seminar Mileage
$51.60	14-3	24-3	Seminar Mileage
$30.00	14-3	24-3	Seminar Mileage
$370.00	24-3	23-3	Education Expense
$40.00	24-3	23-3	Dietary Education Exp.
$27.00	24-3	14-3	Employee Business Mileage Exp.
$31.97	24-3	23-3	IARF luncheon meetings
$9.00	24-3	11-2	Recreation supplies
$130.00	19-3	6-3	Equipment Repiars
$564.00	19-3	36-3	Late Filling Penalty
$107.97	24-3	23-3	In-service training costs

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Schedule VII Attatchment

Name	Function	Nursing Home	Ownership Interest	Compensation from other Nursing Homes
RDR Management	Management	St. Ann's Healthcare Ctr.	0	50149
Greer Management	Management	St. Ann's Healthcare Ctr.	0	50149
Greer Management	Management	O'Fallon Healthcare Ctr.	0	90688
Mike Greer	Owner	O'Fallon Healthcare Ctr.	100	0
Mike Greer	Owner	St. Ann's Healthcare Ctr.	26	0
Gail Greer	Owner	St. Ann's Healthcare Ctr.	24	0
Roger Richard	Owner	St. Ann's Healthcare Ctr.	14	0
Dixie Richard	Owner	St. Ann's Healthcare Ctr.	12	0
Blain Richard	Owner	St. Ann's Healthcare Ctr.	24	0
Ann Reis	PT Consultant	Carlyle Healthcare Ctr.	24	48000